

# Occidental Chemical Corporation

September 30, 1983

*Librizzi/Action*  
*cc: Barrach/Baker*  
*Direct reply*  
*Response due*  
*10/27/83*

Ms. Jacqueline Schaefer  
Regional Administrator  
USEPA - Region II  
26 Federal Plaza  
New York, NY 10278

Re: Occidental Petroleum Corporation (OCC)  
Facility No. NYD 000 831 644 Application  
For Revision to Interim Status Permit

Dear Ms. Schaefer:

Pursuant to the requirements of 40 CFR Section 270.72 (c), OCC is applying for a revised Interim Status Permit. A revised Part A permit application reflecting the requested changes for the subject facility is attached. This change is being requested to prevent an emergency situation from developing at Hyde Park, as described below.

The present storage facility is a surface impoundment which stores aqueous and non-aqueous leachate from the Hyde Park Landfill for subsequent shipment to appropriate disposal facilities. The surface impoundment serves as a separator for the two liquid phases, and the upper aqueous phase is regularly removed and shipped to OCC's Niagara plant for treatment in a facility which employs activated carbon.

The heavier organic phase is slowly building up in the bottom of the impoundment. A plan for disposing of this organic waste at the new SCA incinerator in Chicago was submitted to the USEPA and the State of New York (EPA/State) on June 24, 1983. That plan detailed a plan for incineration and emphasized the emergency which would result if approval was delayed. A response to this submission was received by OCC on August 26, 1983 requesting additional information and risk assessments, and OCC and SCA are presently working on a reply to the above agency's requests. While the review of the organic waste disposal plan continues, the leachate continues to be collected and stored in an impoundment which is slowly reaching its capacity.

The present impoundment has a total capacity of 280,000 gal. and, allowing for the minimum allowable freeboard of 24 inches, the safe working capacity is 187,000 gal. The organics are being collected at a rate of 4,000 gal/month, and the aqueous leachate is collected at an average rate of 7500 gal/day which ranges from 4,000 gal/day in the fall to 14,000 gal/day during the early spring thaw. Although the aqueous leachate is regularly removed for treatment, the organics layer is slowly building up and reducing the working volume for aqueous phase collection and separation.



**Special Environmental Programs**

Hooker Chemical Center, 360 Rainbow Boulevard South, Box 728, Niagara Falls, New York 14302 16/2863000

**ENVIRONMENTAL P. AGENCY NEW YORK**  
**OCT 11 2 08 PM '83**  
**CORRESPONDENCE REGION II**

The current and projected lagoon inventories are as follows:

|                   | <u>Organics<br/>Inventory</u> | <u>Volume Available<br/>For Aqueous Storage</u> |
|-------------------|-------------------------------|---|
| Present (9-1-83)  | 142,000 gal.                  | 45,000 gal.                                     |
| Forecast (2-1-84) | 162,000 gal.                  | 25,000 gal.                                     |

Thus by next spring, less than a two day storage capacity for aqueous leachate will be available, and the rapid inventory turnover can be expected to interfere with the liquid separating ability of the impoundment.

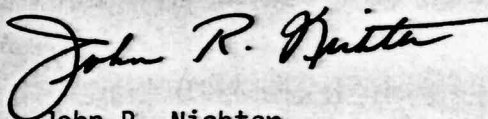
While we still believe that approval of the plan to incinerate the organics is the best solution, to prevent an emergency situation from arising and possibly halting the leachate collection operation, a plan for installing four (4) tanks to 10,000 gal. capacity each (total 40,000 gal.) has been submitted to EPA/State. This will increase the storage capacity for leachate and delay the advent of an emergency situation, even if none of the organics are removed from the site

The final details of the temporary storage plan will be submitted to EPA/State, but a revised interim status permit must be obtained before the tanks can be installed. Because of the need to move and compact the clay before freezing weather, OCC will proceed with the installation of the clay dike at OCC's risk. The installation of the tanks and piping will be deferred until all necessary approvals are obtained.

Your prompt attention to this request would be appreciated to permit installation of the tanks before freezing weather sets in.

Please call me at (716) 286-3609 if you have any questions on this application.

Respectfully,



John R. Nichter  
Hyde Park Coordinator

1550eJRN1g

Attachment: Revised Part A

Copies: Joseph Spatola, EPA Region II  
Joseph Slack, DEC, Albany  
Peter Buechi, DEC, Region 9



|                                    |  |   |  |  |  |
|------------------------------------|--|---|--|--|--|
| <b>FORM 1</b><br><b>GENERAL</b>    |  | <b>ENVIRONMENTAL PROTECTION AGENCY</b><br><b>GENERAL INFORMATION</b><br><i>Consolidated Permits Program</i><br>(Read the "General Instructions" before starting.) |  | <b>I. EPA I.D. NUMBER</b><br>F NY D 00 0 83 1 64 4   |  |
| <b>LABEL ITEMS</b>                 |  | <b>PLEASE PLACE LABEL IN THIS SPACE</b>   |  | <b>GENERAL INSTRUCTIONS</b>  |  |
| <b>I. EPA I.D. NUMBER</b>          |  |   |  | <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p> |  |
| <b>III. FACILITY NAME</b>          |  |   |  |  |  |
| <b>V. FACILITY MAILING ADDRESS</b> |  |   |  |  |  |
| <b>VI. FACILITY LOCATION</b>       |  |   |  |  |  |

| <b>II. POLLUTANT CHARACTERISTICS</b>   |     |          |               |
|--|-----|----------|---------------|
| <b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms. |     |          |               |
| SPECIFIC QUESTIONS   |     | MARK 'X' |               |
|  | YES | NO       | FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)   |     | X        |               |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)  |     | X        |               |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)   | X   |          |               |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)   |     | X        |               |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)   |     | X        |               |
| B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)  |     | X        |               |
| D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)  |     | X        |               |
| F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)   |     | X        |               |
| H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)  |     | X        |               |
| J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)   |     | X        |               |

|                              |  |
|------------------------------|--|
| <b>III. NAME OF FACILITY</b> |  |
| 1                            | SKIP O C C I D E N T A L C H E M I C A L C O R P O R A T I O N |

|   |   |
|---|---|
| <b>IV. FACILITY CONTACT</b>                           |   |
| <b>A. NAME &amp; TITLE (last, first, &amp; title)</b> |   |
| 2   | J U S Z K I E W I C Z J O S E P H S U P E R V I S O R |
| <b>B. PHONE (area code &amp; no.)</b>                 |   |
| 716   | 278 747 7 278-7534                                    |

|                                    |                                       |
|------------------------------------|---------------------------------------|
| <b>V. FACILITY MAILING ADDRESS</b> |                                       |
| <b>A. STREET OR P.O. BOX</b>       |                                       |
| 3                                  | 47 th & B U F F A L O A V E           |
| <b>B. CITY OR TOWN</b>             |                                       |
| 4                                  | N I A G A R A F A L L S N E W Y O R K |
| <b>C. STATE</b>                    |                                       |
| NY                                 |                                       |
| <b>D. ZIP CODE</b>                 |                                       |
| 14303                              |                                       |

|  |  |
|--|--|
| <b>VI. FACILITY LOCATION</b>                             |  |
| <b>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</b> |  |
| 5  | 4.8 25 H Y D E P A R K B O U L E V A R D |
| <b>B. COUNTY NAME</b>                                    |  |
| 6  | N I A G A R A                            |
| <b>C. CITY OR TOWN</b>                                   |  |
| 6  | T O W N O F N I A G A R A                |
| <b>D. STATE</b>  |  |
| NY   |  |
| <b>E. ZIP CODE</b>                                       |  |
| 14305  |  |
| <b>F. COUNTY CODE (if known)</b>                         |  |
|  |  |

VII. SIC CODES (4-digit, in order of priority)

| A. FIRST                               |  |  |  |  |  |  |  |  |  | B. SECOND   |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| (specify)                              |  |  |  |  |  |  |  |  |  | (specify)   |  |  |  |  |  |  |  |  |  |
| 7 9 9 99 Nonclassifiable Establishment |  |  |  |  |  |  |  |  |  | 7 (specify) |  |  |  |  |  |  |  |  |  |
| C. THIRD                               |  |  |  |  |  |  |  |  |  | D. FOURTH   |  |  |  |  |  |  |  |  |  |
| (specify)                              |  |  |  |  |  |  |  |  |  | (specify)   |  |  |  |  |  |  |  |  |  |
| 7 (specify)                            |  |  |  |  |  |  |  |  |  | 7 (specify) |  |  |  |  |  |  |  |  |  |

VIII. OPERATOR INFORMATION

| A. NAME  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |             |  |  |  |  | B. Is the name listed in Item VIII-A also the owner?  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|--|-------------|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| 8 O C C I D E N T A L C H E M I C A L C O R P O R A T I O N  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |             |  |  |  |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |  |  |  |  |  |  |  |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | D. PHONE (area code & no.) |  |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| F = FEDERAL<br>S = STATE<br>P = PRIVATE<br>M = PUBLIC (other than federal or state)<br>O = OTHER (specify) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | P (specify)                |  |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| E. STREET OR P.O. BOX  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7 16 84 0 75 3 5           |  |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| 1 9 8 0 P O S T O A K B L V D  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| F. CITY OR TOWN  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | G. STATE                   |  |  |  |  | H. ZIP CODE |  |  |  |  | IX. INDIAN LAND   |  |  |  |  |  |  |  |  |  |
| B H O U S T O N  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | T X                        |  |  |  |  | 7 7 0 5 6   |  |  |  |  | Is the facility located on Indian lands?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |  |  |  |  |  |  |  |  |

X. EXISTING ENVIRONMENTAL PERMITS

| A. NPDES (Discharges to Surface Water)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | D. PSD (Air Emissions from Proposed Sources) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 9 N                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 9 P  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| B. UIC (Underground Injection of Fluids) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | E. OTHER (specify)                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 U                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  | (specify)                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C. RCRA (Hazardous Wastes)               |  |  |  |  |  |  |  |  |  |  |  |  |  |  | E. OTHER (specify)                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 R                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  | (specify)                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Facility for the collection, storage and shipment of contaminated groundwater and non-aqueous phase organics. These materials are leached from a landfill containing numerous chlorinated organic chemicals. The existing surface impoundment at the site, which serves to store and separate the aqueous and non-aqueous liquid collected, is slowly filling up with the organic phase. Pending approval of a plan to dispose of this organic waste, the liquid storage capacity of the surface impoundment (280,000 g) should be supplemented with (4) above-ground tanks with a total capacity of 40,000 gal.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| A. NAME & OFFICIAL TITLE (type or print)                          |  |  |  |  |  |  |  |  |  | B. SIGNATURE  |  |  |  |  |  |  |  |  |  | C. DATE SIGNED |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|
| Norman Alpert - Vice President<br>Occidental Chemical Corporation |  |  |  |  |  |  |  |  |  | Norman Alpert |  |  |  |  |  |  |  |  |  | Oct 3, 1983    |  |  |  |  |  |  |  |  |  |

COMMENTS FOR OFFICIAL USE ONLY

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|



FORM  
3  
RCRA



ENVIRONMENTAL PROTECTION AGENCY  
**HAZARDOUS WASTE PERMIT APPLICATION**  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER  
F N Y D O 0 0 8 3 1 6 4 4

FOR OFFICIAL USE ONLY

APPLICATION APPROVED  
DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS                        | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY                                 |
|--------------------------------|--------------|--|
| <b>Storage:</b>                |              |  |
| CONTAINER (barrel, drum, etc.) | S01          | GALLONS OR LITERS  |
| TANK                           | S02          | GALLONS OR LITERS  |
| WASTE PILE                     | S03          | CUBIC YARDS OR CUBIC METERS  |
| SURFACE IMPOUNDMENT            | S04          | GALLONS OR LITERS  |
| <b>Disposal:</b>               |              |  |
| INJECTION WELL                 | D79          | GALLONS OR LITERS  |
| LANDFILL                       | D80          | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER |
| LAND APPLICATION               | D81          | ACRES OR HECTARES  |
| OCEAN DISPOSAL                 | D82          | GALLONS PER DAY OR LITERS PER DAY  |
| SURFACE IMPOUNDMENT            | D83          | GALLONS OR LITERS  |

| PROCESS   | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY                   |
|---|--------------|--|
| <b>Treatment:</b>   |              |  |
| TANK  | T01          | GALLONS PER DAY OR LITERS PER DAY  |
| SURFACE IMPOUNDMENT   | T02          | GALLONS PER DAY OR LITERS PER DAY  |
| INCINERATOR   | T03          | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | T04          | GALLONS PER DAY OR LITERS PER DAY  |

| UNIT OF MEASURE      | UNIT OF MEASURE CODE | UNIT OF MEASURE           | UNIT OF MEASURE CODE | UNIT OF MEASURE    | UNIT OF MEASURE CODE |
|----------------------|----------------------|---------------------------|----------------------|--------------------|----------------------|
| GALLONS.....         | G                    | LITERS PER DAY.....       | V                    | ACRE-FEET.....     | A                    |
| LITERS.....          | L                    | TONS PER HOUR.....        | D                    | HECTARE-METER..... | F                    |
| CUBIC YARDS.....     | Y                    | METRIC TONS PER HOUR..... | W                    | ACRES.....         | B                    |
| CUBIC METERS.....    | C                    | GALLONS PER HOUR.....     | E                    | HECTARES.....      | Q                    |
| GALLONS PER DAY..... | U                    | LITERS PER HOUR.....      | H                    |                    |                      |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| LINE NUMBER | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY           | LINE NUMBER | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY           |
|-------------|-----------------------------------|----------------------------|---------------------------------|-------------|-----------------------------------|----------------------------|---------------------------------|
|             |                                   | 1. AMOUNT (specify)        | 2. UNIT OF MEASURE (enter code) |             |                                   | 1. AMOUNT                  | 2. UNIT OF MEASURE (enter code) |
| X-1         | S 0 2                             | 600                        | G                               | 5           | S 0 2                             | 10,000                     | G                               |
| X-2         | T 0 3                             | 20                         | E                               | 6           |                                   |                            |                                 |
| 1           | S 0 4                             | 300,000                    | G                               | 7           |                                   |                            |                                 |
| 2           | S 0 2                             | 10,000                     | G                               | 8           |                                   |                            |                                 |
| 3           | S 0 2                             | 10,000                     | G                               | 9           |                                   |                            |                                 |
| 4           | S 0 2                             | 10,000                     | G                               | 10          |                                   |                            |                                 |

**III. PROCESSES (continued)**

**C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.**

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

**ENGLISH UNIT OF MEASURE**      **CODE**  
 POUNDS..... P  
 TONS..... T

**METRIC UNIT OF MEASURE**      **CODE**  
 KILOGRAMS..... K  
 METRIC TONS..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. | A. EPA HAZARDOUS WASTE NO.<br>(enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE<br>(enter code) | D. PROCESSES                |   |   |   |  |   |                     |  |
|----------|--|---------------------------------------|------------------------------------|-----------------------------|---|---|---|--|---|---------------------|--|
|          |  |                                       |                                    | 1. PROCESS CODES<br>(enter) |   |   |   | 2. PROCESS DESCRIPTION<br>(if a code is not entered in D(1)) |   |                     |  |
| X-1      | K 0 5 4                                    | 900                                   | P                                  | T                           | 0 | 3 | D | 8  | 0 |                     |  |
| X-2      | D 0 0 2                                    | 400                                   | P                                  | T                           | 0 | 3 | D | 8  | 0 |                     |  |
| X-3      | D 0 0 1                                    | 100                                   | P                                  | T                           | 0 | 3 | D | 8  | 0 |                     |  |
| X-4      | D 0 0 2                                    |                                       |                                    |                             |   |   |   |  |   | included with above |  |



Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |     |   |                       |     |  |  |   |   |     |   |   |     |  |  |  |  |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|-----|---|-----------------------|-----|--|--|---|---|-----|---|---|-----|--|--|--|--|
| EPA I.D. NUMBER (enter from page 1) |   |   |   |   |   |   |   |   |   |   |   |   |     |   | FOR OFFICIAL USE ONLY |     |  |  |   |   |     |   |   |     |  |  |  |  |
| W                                   | N | Y | D | 0 | 0 | 0 | 8 | 3 | 1 | 6 | 4 | 4 | T/A | C | W                     | DUP |  |  |   |   | T/A | C | 2 | DUP |  |  |  |  |
|                                     |   |   |   |   |   |   |   |   |   |   |   | 1 | 2   |   |                       |     |  |  | 1 | 2 |     |   |   |     |  |  |  |  |

## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES             |    |    |    |   |    |    |    |                      |  |  |  |
|----------|---------------------------------------|---------------------------------------|---------------------------------|--------------------------|----|----|----|---|----|----|----|----------------------|--|--|--|
|          |                                       |                                       |                                 | 1. PROCESS CODES (enter) |    |    |    | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |    |    |    |                      |  |  |  |
|          |                                       |                                       |                                 | 27                       | 28 | 29 | 30 | 27  | 28 | 29 | 30 |                      |  |  |  |
| 1        | D0 0 0                                | *10,000                               | T                               | S                        | 0  | 4  |    |   |    |    |    | Aqueous leachate     |  |  |  |
| 2        | D0 0 1                                | 190                                   | T                               | S                        | 0  | 4  | S  | 0   | 2  |    |    | Non-Aqueous leachate |  |  |  |
| 3        |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 4        |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 5        |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 6        |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 7        |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 8        |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 9        |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 10       |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 11       |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 12       |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 13       |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 14       |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 15       |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 16       |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 17       |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 18       |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 19       |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 20       |                                       |                                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 21       |                                       | *No hazardous                         |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 22       |                                       | waste code is                         |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 23       |                                       | available for                         |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 24       |                                       | leachate from                         |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 25       |                                       | a hazardous                           |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |
| 26       |                                       | waste landfill.                       |                                 |                          |    |    |    |   |    |    |    |                      |  |  |  |

## IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

|   |   |   |   |   |   |   |   |   |    |    |    |    |    |     |    |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|-----|----|
| S | F | N | Y | D | 0 | 0 | 0 | 8 | 3  | 1  | 6  | 4  | 4  | T/A | C  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15  | 16 |

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 4  | 3  | 0  | 7  | 5  | 4  |
| 65 | 66 | 67 | 68 | 69 | 70 |

LONGITUDE (degrees, minutes, &amp; seconds)

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| 0  | 7  | 9  | 0  | 2  | 0  | 8  |
| 72 | 73 | 74 | 75 | 76 | 77 | 78 |

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Dr. Norman Alpert  
Vice-President, Occidental Chem.

B. SIGNATURE

Norman Alpert

C. DATE SIGNED

Oct 3, 1983

## X. OPERATOR CERTIFICATION

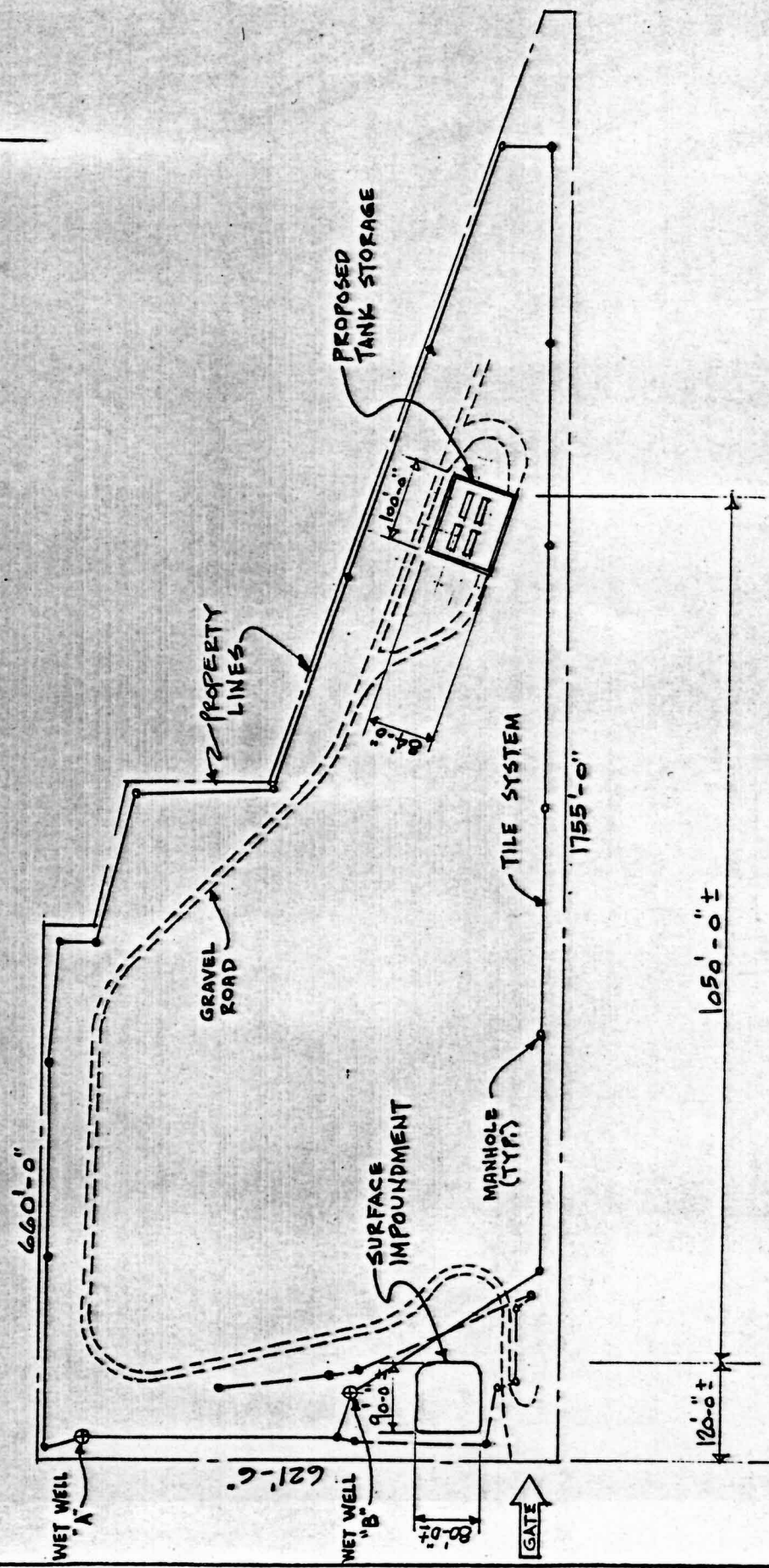
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED





SCALE: 1" = 200'-0"

REGIONAL HEARING CLERK  
REGION II

OCT 14 11 33 AM '83

ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007

NYD000831644

178  
10/15  
36

CORRESPONDENCE CONTROL OFFICE  
(CCO)



( ) BARRACK ( ) MARSHALL  
( ) BONCHONSKY ( ) METZGER  
( ) CLEVINGER ( ) SIMON  
( ) GEISELMAN ( ) LLEWELLYN  
( ) HOLM (✓) Librizzi

- ( ) Please prepare a reply for the Regional Administrator's signature.
- ( ) Please prepare a reply for the Deputy Regional Administrator's signature.
- (✓) Please prepare a direct reply.
- ( ) Please reply by telephone. Please return pink control slip to CCO and indicate person contacted and date of reply.
- (✓) REPLY DUE NOT LATER THAN 10/27/83.
- (✓) Please include pink control slip and extra copy of reply for correspondence control office. (Do not include attachments with CCO copy.)

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date 10/13/83

(SEE REVERSE FOR IMPORTANT INFORMATION)

*Paul / John H*  
*FTI & file*  
*Chris*  
*Do not*  
*in*